

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Claes Ohngren et al.

Application No.: 09/991,703

Filed: November 26, 2001

For: CYLINDRICAL TUBE FOR INDUSTRIAL
CHEMICAL INSTALLATIONS

)
)
) Group Art Unit: 1725

)
) Examiner: Kevin P. Kerns

)
) Confirmation No.: 3922

SECOND INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, the accompanying information is being submitted in accordance with 37 C.F.R. §§ 1.97 and 1.98.

Pursuant to 37 C.F.R. § 1.98, a copy of the document cited is enclosed.

The document is being submitted after a first Office Action on the merits but prior to the closing of prosecution, therefore under 37 C.F.R. § 1.97(c), the fee set forth in 37 C.F.R. § 1.17(p) is enclosed.

A fee of \$180.00 (1806) as set forth in 37 C.F.R. § 1.17(p) is enclosed.

To assist the Examiner, the document is listed on the attached form PTO-1449. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

07/21/2004 EFLORES 00000051 09991703

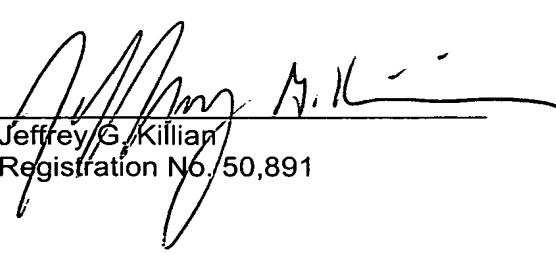
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180.00 OP

Date July 20, 2004

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

By:


Jeffrey G. Killian
Registration No. 50,891

Substitute for form 1449A/PTO & 1449B/PTO		Complete if Known	
SECOND INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Application Number	09/991,703
		Filing Date	November 26, 2001
		First Named Inventor	Claes Ohngren et al.
		Examiner Name	Kevin P. Kerns
Sheet 1 of 1		Attorney Docket Number	024444-990

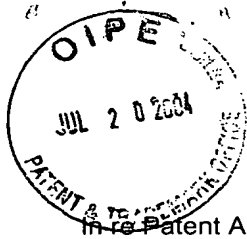
U.S. PATENT DOCUMENTS				
Examiner Initials	Document Number	Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Issue/Publication Date (MM-DD-YYYY)
	5,206,880		OLSSON	04-27-1993

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Document Number	Kind Code (if known)	Country	Date of Publication (MM-DD-YYYY)	Translation	
					Yes	No

NON-PATENT LITERATURE DOCUMENTS	
Examiner Initials	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.

Examiner Signature	Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.



Patent
Attorney Docket No. 024444-990

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Claes Ohngren et al.

Application No.: 09/991,703

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Title: CYLINDRICAL TUBE FOR INDUSTRIAL CHEMICAL INSTALLATIONS

Group Art Unit: 1725

Examiner: Kevin P. Kerns

Confirmation No.: 3922

SECOND
INFORMATION DISCLOSURE STATEMENT
TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a SECOND Information Disclosure Statement and accompanying form PTO-1449 for the above-identified patent application.

- ☐ No additional fee for submission of an IDS is required.
- ☒ The fee of \$180.00 (1806) as set forth in 37 C.F.R. § 1.17(p) is also enclosed.
- ☐ A statement under 37 C.F.R. § 1.97(e) is also enclosed.
- ☐ A statement under 37 C.F.R. § 1.97(e), and the fee of \$180.00 (1806) as set forth in 37 C.F.R. § 1.17(p) are also enclosed.
- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☒ A check in the amount of \$ 180.00 is enclosed for the fee due.
- ☐ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

Date: July 20, 2004

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Jeffrey G. Killian

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Claes Ohngren et al.

Application No.: 09/991,703

Filing Date: November 26, 2001

Title: CYLINDRICAL TUBE FOR INDUSTRIAL CHEMICAL INSTALLATIONS

Group Art Unit: 1725

Examiner: Kevin P. Kerns

Confirmation No.: 3922

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ Terminal Disclaimer(s) and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☒ Also enclosed is/are a Second Information Disclosure Statement and annotated and replacement drawings

- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted _____

_____ on _____,
for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims		MINUS =	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims		MINUS =	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					\$ 0.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0.00

- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☐ Charge _____ to Deposit Account No. 02-4800.
- ☐ Charge _____ to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

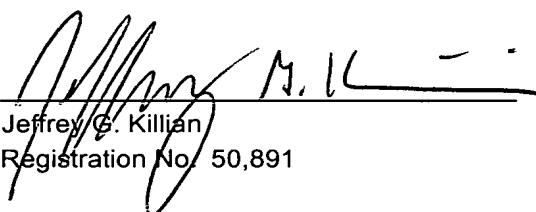
Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: July 20, 2004

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